	HCFA-PM-91- AUGUST 1991	- 4 (E	SPD)		B No.:	0938-
s	tate/Territ	ory: _	UTA	H 		
Citation 42 CFR 447. through 447	51	Unle dedu	ed the maximum	nder 42 CFR surance rate	431.55(es, and	g) applies, copayments do not
1916(a) and of the Act	(b) (b)	and cate bene	gorically need	th respect t dy or as qua defined in	o indivi	iduals covered as
			o enrollment i mposed under t		, or si	milar charge is
		C	o deductible, harge is impos ollowing:			ment, or similar for the
		(1)	Services to under	individuals	under	age 18, or
			/ Age 19			
			/ Age 20			
			/ Age 21			
			age 18 or ol	lder, but un	der age	iduals who are 21, to whom , if applicable.
•		(11)		r any other	medical	ated to the condition that
TN No. 91. Supersedes	-32 Approv	al Date	गीउवि	Effecti	ve Date	10/1/91

OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 UTAH State/Territory: Citation 4.18(b)(2) (Continued) 42 CFR 447.51 (iii) All services furnished to pregnant through women. 447.58 Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. Services furnished to any individual who is an inpatient in a hospital, long-term care (iv) facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs. Emergency services if the services meet the (V) requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age. (vii) Services furnished by a health maintenance organization in which the individual is enrolled. 1916 of the Act, (viii) Services furnished to an individual P.L. 99-272, receiving hospice care, as defined in section 1905(o) of the Act. (Section 9505)

TN No. Approval Date 🔼 Supersedes Effective Date TN No.

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 August 1991	(BPD)	OMB No.: 0938-
	State/Territory	:	UTAH
Citation	4.18(b) (Continue	ed)
42 CFR 447 through 44		appli copay servi	es a waiver under 42 CFR 431.55(g) es, <u>nominal</u> deductible, coinsurance, ment, or similar charges are imposed for ces that are not excluded from such charges item (b)(2) above.
			Not applicable. No such charges are imposed.
	(:	i)	For any service, no more than one type of charge is imposed.
		i)	Charges apply to services furnished to the following age groups:
			$\overline{/\overline{X}/}$ 18 or older
			/_/ 19 or older
			∠
			∠
	d : } ★	<u>_</u> 7	Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 94-01Supersedes
TN No. 97-20Approval Date 2/28/94Effective Date 1/1/94

Revision:

HCFA-PM-91-4

(BPD)

OMB No.: 0938-

August 1991

State/Territory: ____UTAH

Citation

4.18(b)(3) (Continued)

42 CFR 447.51 through 447.58 (iii)

For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- Service(s) for which a charge(s) is (A) applied;
- Nature of the charge imposed on each (B) service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed in a specified time period.
 - /X/ Not applicable. There is no maximum.

TN No. 94-01 Supersedes TN No. 91-20

Approval Date $\frac{2}{28/94}$ Effective Date

Revision:		-PM-91-4 1991	(BPD)	OMB No.: 0938-
:	State	/Territor	y:	UTAH
Citation 1916(c) of the Act		4.18(b)(4) 🗁	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52 and 1925(b of the Act)	4.18(b)(5)	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act		4.18(b)(6) <u>/</u> /	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-20
Supersedes Approval Date 11 13 91
Effective Date 10 1 91
HCFA ID: 7982E

Revision:	HCFA-PM-91-4 (B AUGUST 1991	PD)	OMB No.:	0938-		
State/Territory:		UTAH	UTAH			
Citation	4.18(c) <u>/x/</u>		covered as medica	lly needy under		
42 CFR 447 through 44	7.58	imposed. A' amount of an subject to ' CFR 447.52() regarding the	nt fee, premium or TTACHMENT 4.18-B sp and liability period the maximum allowabe and defines the effect on recipi of the enrollment rge.	ecifies the for such charges le charges in 42 State's policy ents of		
447.51 thr 447.58	ough (2)		le, coinsurance, co charge is imposed u ng:			
		(i) Services under	to individuals und	er age 18, or		
		\Box 7	Age 19			
			Age 20			
			Age 21			
		are a charge	mable categories of ge 18, but under ag es apply are listed cable:	e 21, to whom		

TN No. 91-20 Supersedes Approval Date 11 13 91 TN No. 86-36	Effective Date 10 191
THE PARTY OF THE P	MCFA ID: 7002F

56d Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 UTAH State/Territory: Citation 4.18 (c)(2) (Continued) 42 CPR 447.51 Services to pregnant women related to the through pregnancy or any other medical condition 447.58 that may complicate the pregnancy. (iii) All services furnished to pregnant women. Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs. Emergency services if the services meet the (V) requirements in 42 CFR 447.53(b)(4). Family planning services and supplies furnished (v1) to individuals of childbearing age. 1916 of the Act, Services furnished to an individual (v11) P.L. 99-272 receiving hospice care, as defined in section 1905(o) of the Act. (Section 9505) 447.51 through (v111) Services provided by a health maintenance

TN No. Supersedes Approval Date Effective Date TN No. _ 86-36

imposed.

447.58

HCFA ID: 7982E

organization (HMO) to enrolled individuals.

Not applicable. No such charges are

Revision:	HCFA-PM-91-4 August 1991	(BPD)			OMB	No.:	0938-
	State/Territory:		UTAH				
<u>Citation</u>	4.18(c)(3)						
42 CFR 447. through 447		appli copay servi	es, <u>nominal</u> ment, or sim	nder 42 CFR 431. deductible, coin ilar charges are not excluded fr above.	sura imp	ince, osed	
			Not applica imposed.	ble. No such cha	arges	are	
	(i)		For any ser charge is i	vice, no more the mposed.	nan c	one ty	pe of
	(ii)		Charges app following a	ly to services f ge groups:	urni	.shed	to the
			$\sqrt{\underline{x}}$	18 or older			
				19 or older			
				20 or older			
				21 or older			
			who a 21, t	nable categories re 18 years of a o whom charges a , if applicable.	age, apply	but u	nder

TN No. 94-01Supersedes
TN No. 91-20Approval Date 2/28/94Effective Date 1/1/94

56f OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) August 1991 State/Territory: ____ UTAH 4.18(c)(3) (Continued) Citation For the medically needy, and other 42 CFR 447.51 (iii) optional groups, ATTACHMENT 4.18-C through 447.58 specifies the: (A) Service(s) for which a charge(s) is applied; (B)

- Nature of the charge imposed on each service;
- Amount(s) of and basis for (C) determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
 - \sqrt{x} Not applicable. There is no maximum.

TN No. Approval Date $\frac{3/38/94}{}$ Effective Date $\frac{1/1/94}{}$ Supersedes TN No. 91-20